

**SHELBY COUNTY BOARD OF COMMISSIONERS
AGENDA ROUTE SHEET**

Referred to Commission Committee (name) _____

For Commission Action on (date) _____

**RESOLUTION AUTHORIZING MEDICAL PREMIUMS FOR ACTIVE EMPLOYEES AND PRE-65
RETIREEES EFFECTIVE JULY 01, 2008. SPONSORED BY COMMISSIONER JOE FORD.**

CHECK ALL THAT APPLY BELOW:

☒ This Action does NOT require expenditure of funds.

_____ This Item requires/approves expenditure of funds as follows (complete all that apply):

County General Funds: \$ _____; County CIP Funds- \$ _____

State Grant Funds: \$ _____; State Gas Tax Funds: \$ _____

Federal Grant Funds: \$ _____

Other funds (Specify source and amount): \$ _____

Other pass-thru funds (Specify source and amount): \$ _____

Originating Department: FINANCE

APPROVAL:

Dept. Head: James Martin 545-4909 \ JM \ 6-5-08
(Type your name & phone #.) (Initials) (Date)

Elected Official: _____ \ _____ \ _____
(Type your name & phone #.) (Initials) (Date)

Division Director: F. Grace Hutchinson 545-4429 \ mal \ 6/5/08
(Type your name & phone #.) (Initials) (Date)

CIP – A&F Director: _____ \ _____ \ _____
(Type your name & phone #.) (Initials) (Date)

Finance Dept. Mike Swift 545-4269 \ mal \ 6/5/08
(Type your name & phone #.) (Initials) (Date)

County Attorney: Mary L. Bright 545-4963 \ mlb \ 6/5/08
(Type your name & phone #.) (Initials) (Date)

CAO/Mayor: James Huntzicker 545-4514 \ JH \ 6/5/08
(Type your name & phone #.) (Initials) (Date)

SUMMARY SHEET

I. Description of Items

**RESOLUTION AUTHORIZING MEDICAL PLAN PREMIUMS FOR ACTIVE
EMPLOYEES AND PRE-65 RETIREES EFFECTIVE JULY 01, 2008.
EXHIBIT A-ACTIVE EMPLOYEES; EXHIBIT B-PRE 65 RETIREES**

II. Source and Funding

Source – NA
Amount of Funding-NA

III. Contract Items

A. Type of Contract-NA
B. Terms-NA

IV. Additional Information Relevant to Approval of this Item

The Administration recommends approval of this Resolution.

Item # _____

PREPARED BY _____

COMMISSIONER _____

APPROVED BY _____

RESOLUTION AUTHORIZING MEDICAL PREMIUMS FOR ACTIVE EMPLOYEES AND PRE-65 RETIREES EFFECTIVE JULY 01, 2008. SPONSORED BY COMMISSIONER JOE FORD.

WHEREAS, Shelby County Government offers three self-insured healthcare plan options for its employees, pre 65 retirees and dependents: an IN Network (IN) Plan, a Preferred Provider Organization (PPO) Plan, and a Health Reimbursement Arrangement (HRA); Plan and

WHEREAS, It is periodically necessary to review and adjust premiums to properly fund these programs for the plan year; and

WHEREAS, National healthcare costs are continuing to trend at double digit rates; and

WHEREAS, Shelby County Government requested CIGNA Healthcare to prepare a Financial experience rate analysis for the plans projecting the 2008-2009 required premium. Based upon the analysis, it is recommended that an increase of five percent (5%) be applied to all medical programs.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF SHELBY COUNTY, TENNESSEE, That the recommended change to the premium rates, as per Exhibits A & B, for the Shelby County healthcare plans is hereby approved and adopted effective July 01, 2008.

**SHELBY COUNTY GOVERNMENT
MONTHLY PREMIUMS
ACTIVE EMPLOYEES
EFFECTIVE JULY 1, 2008**

EXHIBIT A

EMPLOYEE PREMIUM		COUNTY PREMIUM		
<u>EMPLOYEE</u>	<u>PREMIUM</u>	<u>EMPLOYER</u>	<u>PREMIUM</u>	<u>TOTAL</u>
CIGNA OAP (PPO)		CIGNA OAP (PPO)		
SINGLE	\$149.00	SINGLE	\$348.00	\$ 497.00
FAMILY	\$306.00	FAMILY	\$713.00	\$1,019.00
CIGNA OAPIN (HMO)		CIGNA OAPIN (HMO)		
SINGLE	\$140.00	SINGLE	\$328.00	\$468.00
FAMILY	\$287.00	FAMILY	\$671.00	\$958.00
CIGNA CHOICE FUND (HRA)		CIGNA CHOICE FUND (HRA)		
SINGLE	\$138.00	SINGLE	\$321.00	\$459.00
FAMILY	\$282.00	FAMILY	\$658.00	\$940.00

**SHELBY COUNTY GOVERNMENT
CIGNA RETIREE HEALTH CARE PREMIUMS
EFFECTIVE JULY 1, 2008**

EXHIBIT B

RETIREEES UNDER 65 CIGNA OAP (PPO) SINGLE RATES		YEARS OF SERVICE 20 OR MORE	RETIREE PREMIUM 257.00	COUNTY PREMIUM 600.00	TOTAL 857.00
		AT LEAST 16 YEARS, LESS THAN 20	343.00	514.00	857.00
		AT LEAST 11 YEARS, LESS THAN 16	429.00	428.00	857.00
		AT LEAST 7 1/2 LESS THAN 11 YEARS	514.00	343.00	857.00
		LESS THAN 7 1/2 YEARS SERV	N/A	0.00	N/A
FAMILY RATES		20 OR MORE	530.00	1239.00	1,769.00
		AT LEAST 16 YEARS, LESS THAN 20	708.00	1061.00	1,769.00
		AT LEAST 11 YEARS, LESS THAN 16	885.00	884.00	1,769.00
		AT LEAST 7 1/2 LESS THAN 11 YEARS	1061.00	708.00	1,769.00
		LESS THAN 7 1/2 YEARS SERV	N/A	0.00	N/A
CIGNA OAP IN-NETWORK (HMO)					
SINGLE RATES		20 OR MORE	245.00	572.00	817.00
		AT LEAST 16 YEARS, LESS THAN 20	327.00	490.00	817.00
		AT LEAST 11 YEARS, LESS THAN 16	409.00	408.00	817.00
		AT LEAST 7 1/2 LESS THAN 11 YEARS	490.00	327.00	817.00
		LESS THAN 7 1/2 YEARS SERV	N/A	0.00	N/A
FAMILY RATES		20 OR MORE	489.00	1143.00	1,632.00
		AT LEAST 16 YEARS, LESS THAN 20	622.00	932.00	1,554.00
		AT LEAST 11 YEARS, LESS THAN 16	777.00	777.00	1,554.00
		AT LEAST 7 1/2 LESS THAN 11 YEARS	932.00	622.00	1,554.00
		LESS THAN 7 1/2 YEARS SERV	N/A	0.00	N/A
CIGNA (CHOICE HRA)					
SINGLE RATES		20 OR MORE	249.00	581.00	830.00
		AT LEAST 16 YEARS, LESS THAN 20	332.00	498.00	830.00
		AT LEAST 11 YEARS, LESS THAN 16	415.00	415.00	830.00
		AT LEAST 7 1/2 LESS THAN 11 YEARS	498.00	332.00	830.00
		LESS THAN 7 1/2 YEARS SERV	N/A	0.00	N/A
FAMILY RATES		20 OR MORE	514.00	1200.00	1,714.00
		AT LEAST 16 YEARS, LESS THAN 20	686.00	1028.00	1,714.00
		AT LEAST 11 YEARS, LESS THAN 16	857.00	857.00	1,714.00
		AT LEAST 7 1/2 LESS THAN 11 YEARS	1028.00	686.00	1,714.00
		LESS THAN 7 1/2 YEARS SERV	N/A	0.00	N/A